

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>✓</i>		7-17-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appear
 ÷ Restricted O Objected

Claim	Date						
Final	9/2	10/1	11/2	12/3	1/4	2/5	3/6
Original	1/7	2/8	3/9	4/10	5/11	6/12	7/13
1	✓						
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓	✓	✓
13		✓					
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15		✓					
16		✓					
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

AA/857219

35% AVAILABLE COPY